

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

|   |   |  |   |  |
|---|---|--|---|--|
| 1. CIR./DIST./ DIV. CODE<br>CAN                                       | 2. PERSON REPRESENTED<br>BIBBS, MAURICE   |  | VOUCHER NUMBER                                      |  |
| 3. MAG. DKT./DEF. NUMBER  | 4. DIST. DKT./DEF. NUMBER<br>CR-07-00336-WHA  | 5. APPEALS. DKT./DEF. NUMBER   | 6. OTHER DKT NUMBER                                 |  |
| 7. IN CASE/MATTER OF (Case Name)<br>UNITED STATES v.<br>BIBBS, ET AL. | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other...<br><input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other...<br><input type="checkbox"/> Appellant | 10. REPRESENTATION TYPE<br>(See Instructions)<br>CC |  |

11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense  
18:2119, 924(C)(1)(A)(II) AND 2, 1512

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix),  
AND MAILING ADDRESS

JUDD C. IVERSEN  
301 CALIFORNIA DR., STE. 108  
BURLINGAME, CA 94010

Telephone Number 650-548-1952

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per  
instructions.)

**FILED**

JUL 23 2007

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

## 13. COURT ORDER

- O Appointing Counsel  C Co-counsel  
 F Subs For Federal Defender  R Sub for Retained Atty.  
 P Subs for Panel Attorney  Y Standby Counsel  
 Prior Attorney's Name: Hansen, Geoffrey

Appointment Date:

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

Other (See Instructions)

Mag. Judge Zimmerman

Signature Of Presiding Judicial Officer or By Order Of The Court

29 June 07

6/18/2007

Nunc Pro Tunc Date

Date Of Order  
Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

|  | CATEGORIES (attached itemization of services with dates)  | HOURS CLAIMED   | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|---|---|----------------------|--------------------------|---------------------------|-------------------|
| 15. In Court   | a. Arraignment And/or Plea<br>b. Bail And Detention Hearings<br>c. Motion Hearings<br>d. Trial<br>e. Sentencing Hearings<br>f. Revocation Hearings<br>g. Appeals Court<br>h. Other (Specify On Additional Sheets) |   |                      |                          |                           |                   |
|  | (RATE PER HOUR = ) TOTALS:  |   |                      |                          |                           |                   |
| 16. Out Of Court   | a. Interview and conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and other work (Specify on additional sheets)                     |   |                      |                          |                           |                   |
|  | (RATE PER HOUR = ) TOTALS:  |   |                      |                          |                           |                   |
| 17.  | Travel Expenses (Lodging, parking, meals, mileage, etc.)  |   |                      |                          |                           |                   |
| 18.  | Other Expenses (other than expert, transcripts, etc.)   |   |                      |                          |                           |                   |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>  |   |   |                      |                          |                           |                   |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM: _____ TO: _____ |   | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION |                      | 21. CASE DISPOSITION     |                           |                   |

22. CLAIM STATUS  Final Payment  Interim Payment Number \_\_\_\_\_  Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case?  YES  NO If yes, were you paid?  YES  NO  
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney \_\_\_\_\_

Date \_\_\_\_\_

## APPROVED FOR PAYMENT - COURT USE ONLY

|   |                        |                     |                    |                          |
|---|------------------------|---------------------|--------------------|--------------------------|
| 23. IN COURT COMP.  | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOT. AMT. APPR/CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |                        |                     | DATE               | 28A. JUDGE/MAG CODE      |
| 29. IN COURT COMP.  | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment<br>approved in excess of the statutory threshold amount. |                        |                     | DATE               | 34A. JUDGE CODE          |